



JAA

Jacksonville
Aviation
Authority

Airport Access Control Office
14201 Pecan Park Road
Jacksonville, Florida 32218
(904) 741-2016

2 Forms of ID are required:

1. State issued I.D. or Drivers License with the applicant's photo
2. SS Card or U.S. Passport/Current Military I.D. and INS information (if applicable)

Applicant Information

Last Name		First Name		Middle Name		
Social Security #		Date of Birth		State / Country of Birth		
- -		/ /				
Home Street Address						
City		State		Zip Code		
Home Phone #		Sex	Height	Weight	Eye Color	Hair Color
() -						
Drivers License #		State		License Expiration		
				/ /		

Have you ever been convicted, entered a plea of "nolo - contendere" (no contest) or had adjudication withheld for any felony, misdemeanor, infraction, or any violation of any law?

Yes ____ No ____

If yes, additional pages will be provided to list the infractions or violations. A conviction will not necessarily disqualify you from consideration for a badge. However, the Jacksonville Aviation Authority may not issue a badge if incorrect, incomplete, or false information is provided.

Company Information

Company Name		Badge Type			
		<input type="checkbox"/> Sterile	<input type="checkbox"/> Blue	<input type="checkbox"/> Red	<input type="checkbox"/> White
Company Phone #		Parking Lot Requested			
() -		<input type="checkbox"/> EMPLOYEE	<input type="checkbox"/> SOUTH TERM	CO Initials _____	

By my signature, I certify that I have read, understand, and agree with the foregoing and that all the information provided is true and correct to the best of my knowledge. I also hereby acknowledge that a JAX ID badge is issued solely for access to the restricted areas of Jacksonville International Airport and may be revoked by the Airport without cause. I also understand that failure on my part to notify my employer or the Airport when my JAX ID becomes lost or stolen, or failure to return my JAX ID upon termination of employment, may result in arrest and prosecution, as appropriate. I further understand that Federal regulations under 49 CFR 1542.209 (i) imposes a continuing obligation to disclose to the airport operator within 24 hours if I am convicted of any disqualifying criminal offense that occurs while I have been granted unescorted access authority.

Applicant Signature		Date

Prohibited Crimes

In compliance with Transportation Security Administration (TSA) and Jacksonville International Airport (SIDA) Regulations, applicants for a JAX ID Badge must successfully complete a Criminal History Records Check before a JAX ID Badge allowing unescorted access to the Restricted or Common Areas is granted. If an applicant has been convicted of one or more of the following crimes within the last 10 years, the JAX ID Badge application will be denied. JAA has the right to deny a badge for reasons other than those listed below.

- (1) Forgery of certificates, false marking of aircraft, and other aircraft registration violation; 49 U.S.C. 46306.
- (2) Interference with air navigation; 49 U.S.C. 46308.
- (3) Improper transportation of a hazardous material; 49 U.S.C. 46312.
- (4) Aircraft piracy; 49 U.S.C. 46502.
- (5) Interference with flight crew members or flight attendants; 49 U.S.C. 46504.
- (6) Commission of certain crimes aboard aircraft in flight; 49 U.S.C. 46506.
- (7) Carrying a weapon or explosive aboard aircraft; 49 U.S.C. 46505.
- (8) Conveying false information and threats; 49 U.S.C. 46507.
- (9) Aircraft piracy outside the special aircraft jurisdiction of the United States; 49 U.S.C. 46502(b).
- (10) Lighting violations involving transporting controlled substances; 49 U.S.C. 46315.
- (11) Unlawful entry into an aircraft or airport area that serves air carriers or foreign air carriers contrary to established security requirements; 49 U.S.C. 46314.
- (12) Destruction of an aircraft or aircraft facility; 18 U.S.C. 32.
- (13) Murder.
- (14) Assault with intent to murder.
- (15) Espionage.
- (16) Sedition.
- (17) Kidnapping or hostage taking.
- (18) Treason.
- (19) Rape or aggravated sexual abuse.
- (20) Unlawful possession, use, sale, distribution, or manufacture of an explosive or weapon.
- (21) Extortion.
- (22) Armed or felony unarmed robbery.
- (23) Distribution of, or intent to distribute, a controlled substance.
- (24) Felony arson.
- (25) Felony involving a threat.
- (26) Felony involving—
 - (i) Willful destruction of property;
 - (ii) Importation or manufacture of a controlled substance;
 - (iii) Burglary;
 - (iv) Theft;
 - (v) Dishonesty, fraud, or misrepresentation;
 - (vi) Possession or distribution of stolen property;
 - (vii) Aggravated assault;
 - (viii) Bribery; or
 - (ix) Illegal possession of a controlled substance punishable by a maximum term of imprisonment of more than 1 year.
- (27) Violence at international airports; 18 U.S.C. 37.
- (28) Conspiracy or attempt to commit any of the criminal acts listed in this paragraph (d).

By my signature I acknowledge that I have read the list of disqualifying crimes and certify that I have never been convicted or found to be not guilty by reason of insanity of any of the above.

Applicant Signature

Date

Citizenship Statement

Other Names Used (Maiden Name and/or Alias Names)	Current Residence (Including City, State and Zip)
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Date of Birth:	Country of Birth:	Country of Citizenship
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I attest, under penalty of perjury, that I am (check one of the following):

A citizen of the United States * A Lawful Permanent Resident ** An Alien with work authorization ****

*** All Citizens Must Complete This Section Completely.**

United States Citizenship: By Birth By Naturalization By Other (Specify) _____

If you are a United States citizen by any means other than birth, you must provide an original Naturalization Certificate.

**** All Lawful Permanent Residents Must Complete This Section and Provide Original Resident Alien Card With Application.**

Alien Registration Number: A _____

***** All Aliens With Work Authorization Must Complete This Section and Provide Original Employment Authorization Document (EAD) Card.**

Employment Authorization Document Number: _____ Expiration Date: _____

I understand that federal law provides for imprisonment and/or fines for falsely claiming to be a United States citizen, or for making false statements, or for using false documents in connection with the completion of this form.

Signature	Date (MM/DD/YYYY)
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Privacy Act Statement

The information I have provided is true, complete and correct to the best of my knowledge and belief and is provided in good faith. I understand that a knowing and willful false statement can be punished by fine or imprisonment or both (see section 1001 of Title 18 of the United States Code).

“I authorize the Social Security Administration to release my Social Security number and full name to the Transportation Security Administration, Office of Transportation Threat Assessment and Credentialing (TTAC), Attention: Aviation Programs (TSA-19) / Aviation Worker Program, 601 South 12th Street, Arlington, VA 20598.”

“I am the individual to whom the information applies and want this information release to verify that my SSN is correct. I know that if I make any representation than I know is false to obtain information from Social Security records, I could be punished by fine or imprisonment or both.”

Signature: _____	Date of Birth: _____
SSN and Full Name: _____	

Authority: 49 U.S.C. §114, 44936 authorizes the collection of this information.

Purpose: The Department of Homeland Security (DHS) will use the biographical information to conduct a security threat assessment and will forward any fingerprint information to the Federal Bureau of Investigation to conduct a criminal history records check of individuals who are applying for, or who hold, an airport issued identification media or who are applying to become a Trusted Agent of the airport operator. DHS will also transmit the fingerprints for enrollment in the US-VISIT’s Automated Biometrics Identification System (IDENT). If you provide Social Security Number (SSN), DHS may provide your name and SSN to the Social Security Administration (SSA) to compare that information against SSA’s records to ensure the validity of your name and SSN.

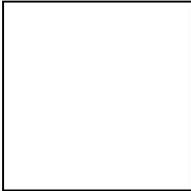
Routine Uses: This information may be shared with third parties during the course of a security threat assessment, employment investigation, or adjudication of a waiver or appeal request to the extent necessary to obtain information pertinent to the assessment, investigation, or adjudication of your application or in accordance with routine uses identified in the Transportation Security Threat Assessment System (T-STAS), DHS/TSA 002.

Disclosure: Furnishing this information (including your SSN) is voluntary; however, if you do not provide your SSN or any other information requested, DHS may be unable to complete your application for identification media.

Certifying Official Information

Name	Company
Phone Number	Title

Access Investigation Certification

<p style="text-align: center;">Air Carrier</p> <p>As an authorized representative of a U.S. certified Air Carrier subject to 49 CFR 1544, in accordance with the Aircraft Operator Standard Security Program and the Airport Security Program Participant Manual of the Jacksonville International Airport, by my signature I certify that:</p> <p>The applicant's identity has been verified through two forms of identification, one that bears the applicant's photograph and the applicant has completed an application that includes: full name and aliases or nicknames;</p> <p>In compliance with 49 CFR 1544.229 an access investigation based on a Criminal History Records Check (CHRC) has been successfully completed for the above named applicant.</p> <div style="text-align: center; margin-top: 20px;">  <p>Initial</p> </div>	<p style="text-align: center;">Non Air Carrier</p> <p>As an authorized representative of the company named above, subject to 49 CFR 1542, the Jacksonville International Airport Security Program and as a current participant in good standing, by my signature I certify that:</p> <p>The applicant's identity has been verified through two forms of identification, one that bears the applicant's photograph. The applicant has completed an application that includes: full name and aliases or nicknames; notification that the applicant will be subject to a Criminal History Records Check (CHRC) and possibly an employment history verification; and convictions during the previous 10-year period of the crimes listed in this application.</p> <p>The results of the access investigation did not disclose that the applicant has been convicted of or found not-guilty by reason of insanity, in any jurisdiction, during the 10 years ending on the date of the investigation, of any of the crimes listed in this application.</p> <div style="text-align: center; margin-top: 20px;">  <p>Initial</p> </div>
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I hereby acknowledge responsibility for any FAA fines levied against the Jacksonville Aviation Authority which were caused by the failure of one of our employees to adhere to the Airport Security Plan. I also understand that I am responsible for returning the JAX ID badge to the JIA Access Control Office when no longer needed by this employee. Further, I certify that the requirements of the JIA Airport Security Plan and the provisions of 49 CFR PART 1542.209 and PART 1544.229 will continue to be complied with. I also certify that this employee's record will remain on file with my company and will be maintained for **180 days** after termination of the individual's access privileges. I also acknowledge that, upon the employee's termination, it is my company's responsibility to notify the Airport Communications Center within 24 hours of termination and return the badge to the Access Control Office. If the badge is not returned to the Access Control Office in the prescribed time, my company will pay the unrecoverable badge charge of **\$100**.

I certify that this applicant has an employment-related need to have unescorted access to the restricted areas of Jacksonville International Airport and to operate a vehicle on the AOA / RAMP (if applicable). I agree to provide immediate notification to the Airport when: a) the badgeholder's access authority has been revoked or limited; b) the badgeholder's access media has been lost or stolen; c) any representative of our organization becomes aware that the Access Control System or a component of the system has been compromised or threatened through any means. I acknowledge responsibility of our organization for any penalties assessed against the Airport which may result from a badgeholder's or our organization's failure to comply with the Airport Security Program, or any other applicable rule, regulation, or directive.

Certifying Official Signature	Date